

Navajo County Sheriff's Office Volunteer Application



Sheriff Auxiliary Volunteer (circle one)

15-04 rev. 8/26/16

-Heber/OvergaardCo	edar Hills	Holbrook North County-	-High Country-	-White Mountain Lake-	-Pinedale/Clay Springs-		
Search and Rescue (circl	e one)						
-Heber/Overgaard-	-Hashknife						
Name:		SSN#:_		Date:			
Physical Address:				Zip:			
Mailing Address:			City/State/	Zip:			
Home Phone:	Woi	rk/Message Phone:	Ema	il Address:			
Height:	Weight: Eye Color		.olor:	:			
Hair Color: D.O.B: Drivers License No. and State:							
As an adult, have you ev	er been arres	ted, charged or convicte	d of any violation	of the law? (Circle one) Ye	s / No		
If yes, give the details for	r each arrest (or charge including origii	nal charge, final ch	arge, date, arresting/char	ging law enforcement agency,		
court, final disposition, a information.	and details of	the incident which led to	the arrest. Use re	verse side of form if additi	onal space is needed. Print all		
High School Graduate?	Yes No	College/Universit	y? Yes	No			
G.E.D?	Yes No	o If yes, major/degr	ree:				
Specialized Training?	Yes No)					
							
Current or last employer	· (Name/Addr	ess):					
What field are you interest	ested in?						
Crime prevention	_ Communic	ations Patrol					
Administration	Search and	rescue Other _					
Person to notify in case	of emergency	v.					
	_		Polationship				
Name:			Kelationship				
Physical Address:							
Please provide any eme	rgency medic	al problems that may a	rise during trainin	g: 			
Physician's name:			Telephone:				
I hereby certify that all t	he statement	s in this application are t	rue and correct to	the best of my knowledge	e. I further agree and		
					of all rights as a volunteer with		
the Navajo County Sheri				, part			
Signature				 Date			

Navajo County Sheriff's Office P.O. Box 668 Holbrook, AZ 86025-0668 928/524-4300

Authorization

l,			an applicant for the p	osition of		
	, an applicant for the position of, an applicant for the position of, with the Navajo County Sheriff's Office, do hereby authorize the release of					
information concerning my e						
employment or volunteer ser			·			
I hereby release from	liability and pro	mise to hold harml	ess, under any and all	possible causes of legal		
action, any and all persons or	r entities who sh	nall furnish any info	rmation or opinions to	the officers, agents or		
employees of the departmen	it who conduct r	my background inve	estigation.			
I understand the resu	Its of my backgr	ound investigation	are confidential and n	ot available for my		
examination or for release to		, and the second		,		
	, ,					
Signature			Date			
County of	}}					
Sate of Arizona	}					
Subscribed and sworn to before	e me this	day of				
My commission expires			-			
	-		Notary Public	, 		